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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)**Attorney Docket Number**

P3042/DOOS

**First Named Inventor**

Park, Mi-Ja

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Thermal Therapy Device and Therapy System Using the Same

*(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2002-0032238	Republic of Korea	10/29/2002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

Peter T. Kwon

Name

Kangnam P.O. Box 2301

Address

Seoul

City

State

135-242

ZIP

Republic of Korea

Country

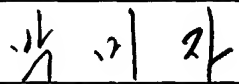
82-11-415-6349

Telephone

82-2-581-9900

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name Mi-Ja  
(first and middle [if any])Family Name PARK  
or SurnameInventor's  
Signature


Date 2003. 6. 19

Residence: City

State

Republic of Korea

Country

Korean

Citizenship

666-5 Eungam-Ri, Dong-Myeon, Yeongi-Gun,  
Chungcheongnam-Do

Mailing Address

City

State

339-862

ZIP

Republic of Korea  
CountryNAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
or SurnameInventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	PARK, Mi-Ja
Title: Thermal Therapy Device and Therapy System Using the Same	
Group Art Unit	
Examiner Name	
Attorney Docket Number	P3042/DOOS

I hereby appoint:

☐ Practitioners at Customer Number  →  
OR

Place Customer  
Number Bar Code  
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Peter T. Kwon	45,300

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number  →

Place Customer  
Number Bar Code  
Label here

OR

☒ Firm or  
Individual name

G W I P S

Address Kangnam P. O. Box 2301,

Address Seoul 135-242, Republic of Korea

City Seoul State Zip 135-242

Country

Telephone 82-11-415-6349 Fax 82-2-581-9900

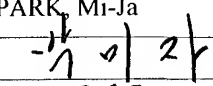
I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

Name PARK, Mi-Ja

Signature 

Date 2003. 6. 17

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

Total of (Pages) forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minute to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

GWIPS

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant, Patentee, or Identifier: PARK, Mi-Ja

Application or Patent No.:

Filed or Issued Date:

Title: Thermal Therapy Device and Therapy System Using the Same

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) and 1.27(c)) – SMALL BUSINESS CONCERN**

I hereby state that I am

- ☒ the owner of the small business concern identified below:  
☐ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN Migun Medical Instrument Co., LTD.  
ADDRESS OF SMALL BUSINESS CONCERN 666-5 Eungam-Ri, Dong-Myeon, Yeongi-Gun,  
Chungcheongnam-Do 339-862, Republic of Korea

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington DC 20416.

I hereby state that rights under contract or law have been conveyed to and the small business concern identified above with regard to the invention described in:

- ☒ the specification filed herewith title as listed above.  
☐ the application identified above.  
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

- ☒ no such person, concern, or organization exists.  
☐ each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b))

Name of Person Singing: PARK, Mi-Ja

Title of Person if Other than Owner: \_\_\_\_\_

Address of Person Singing: 666-5 Eungam-Ri, Dong-Myeon, Yeongi-Gun, Chungcheongnam-Do 339-862,  
Republic of KoreaSignature: 박미자Date: 2003. 6. 17